AFFIDAVIT
FORMAL CITIZEN COMPLAINT FORM

COMPLAINANT

NAME: __________________________ AGE: ______ DOB: ______
ADDRESS: ______________________ PHONE: __________________
BUSINESS ADDRESS: _______________ BUS. PHONE: ____________

I, __________________________________, make the following true and correct
statement voluntarily, of my own free will. It is made without any threat, coercion, offer of benefit,
favor or offer of favor, by ant person whatsoever.

RESPONDENT

NAME OF ACCUSED (IF KNOWN): ________________________________
IF UNKNOWN, PROVIDE DESCRIPTION: ____________________________
EMPLOYMENT: __________________________________________________
ALLEGED INCIDENT OCCURRED: __/__/____ AT __:__ AM PM
MONTH DAY YEAR

LOCATION OF INCIDENT: ________________________________________

(On the pages that follow, describe in detail the nature of the incident, giving specific details,
statements, violations, locations and/or personal injuries.)

___________________________________
Signature of Complainant

___________________________________
Date of Statement

Pages _____ of _____ Pages

Revised on February 17, 2014
FORMAL CITIZEN COMPLAINT FORM
CONTINUATION OF FORMAL CITIZEN COMPLAINT

COMPLAINANT:________________________________________

RESPONDENT:________________________________________

List specific allegation(s):
1. __________________________________________________
2. __________________________________________________
3. __________________________________________________
4. __________________________________________________
5. __________________________________________________
6. __________________________________________________
7. __________________________________________________
8. __________________________________________________
9. __________________________________________________
10. _________________________________________________

IN NARRATIVE FORM PLEASE DESCRIBE OR EXPLAIN THE ACTIONS THAT ARE ALLEGED TO HAVE BEEN COMMITTED BY THE RESPONDENT:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Complainant

Date of Statement

Pages____of____Pages

Revised on February 17, 2014

FORMAL CITIZEN COMPLAINT FORM
CONTINUATION OF FORMAL CITIZEN COMPLAINT

COMPLAINANT: _______________________________________

RESPONDENT: _______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Complainant

Date of Statement

Page____ of____ Pages

Revised on February 17, 2014

FORMAL CITIZEN COMPLAINT FORM
CONTINUATION OF FORMAL CITIZEN COMPLAINT

COMPLAINANT:

RESPONDENT:

Signature of Complainant

Date of Statement

Revised on February 17, 2014

FORMAL CITIZEN COMPLAINT FORM
CONTINUATION OF FORMAL CITIZEN COMPLAINT

COMPLAINANT: 

RESPONDENT: 

On the following paragraph, please sign your name; circle your response and initial. Regardless of your decision concerning the polygraph (lie detector), your complaint will be investigated.

I, ____________________________, voluntarily agree OR will not agree of my own free will, to submit to a polygraph (lie detector) examination to support the truthfulness of my complaint.

I, ____________________________, have read (or have had read to me) the foregoing statement, consisting of _____ pages, to which I have affixed my signature, and affirm the facts contained therein are true and correct.

NOTICE OF RACIAL PROFILING:
Racial Profiling is defined as the detention, interdiction, or other disparate treatment of an individual solely on the basis of the racial or ethnic status. If you believe you have been a victim of racial profiling, you may file a complaint with the State of Oklahoma Human Rights Commission or the District Attorney’s Office in the county where the incident occurred.

______________________________
Signature of Complainant

______________________________
Date of Statement

YOUR SIGNATURE NEEDS TO BE EITHER WITNESSED AND/OR NOTARIZED.

Witness Signature: ____________________________ Print Name: ____________________________

Witness Address: ____________________________ City/ST: ______________ Zip: ______

Witness Home Phone: ________________________ Witness Work Phone: ________________________

State of Oklahoma, County of Oklahoma, ss:

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this ___ day of _________________, 20____.

______________________________
Signature of Notary Public

My Commission Expires: ____________________________

Pages _____ of _____ Pages

Revised on February 17, 2014

FORMAL CITIZEN COMPLAINT FORM